ut 5/23/17

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## **COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	n															
Nunn Telephone Company PO Box 249/285 Logan Avenue Nunn, CO 80648													Check here if this is a change of address.			
2. Year Report Filed																
2017	overed by Rep				Reporting	Period (check										
2017	2017				b. 16	wer than 16 (com										
SECTION II - Full-Time Employe	105.	<u> </u>														
		Number of Employees (Report employees in only one category)														
Job	}	Race/Ethnicity														
Categories		anic or		Not-Hispanic or Latino											Total	
			Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	Α	В	С	D	Ε	F	G	н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers 1.	1											· · · · · · · · · · · · · · · · · · ·			0	
First/Mid-Level Officials and Managers 1.	2														0	
Professionals	2					-,									0	
Technicians	3														0	
	4														0	
Administrative Support Workers	5								<u>-</u>						0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL 1	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL 1	1														0	

SECTION III - Part-Time Empl	oyees.															
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male Female												
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
	А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discr	imination Cor	nplaints Pursu	ant to 47 CFI	R 22.321, 23.	55, 90.168, 10 <sup>-</sup>	1.4, and 101	.311.									
This is to advise the company before a This is to advise the (Attach a list indicate)	ny body having ne Commission	competent juri that the followi	sdiction in suc ng complaints	ch matters du	ring the calend ations of the pr	ar year cove ovisions of a	ered by this rep iny equal emp	oort. loyment oppor	tunity statute	have been fil	ed against this	s company.				
SECTION V - Certification	nowledge, info	rmation, and be	lief, all statem	nents in this re	port are true a	nd correct.										
Date		ed or Printed Name of Person Signing Signature Telephone No.								No.						
05/23/2017	Scott M.				Scott North (970) 897-2201											
Title of Person Signing Accountant				WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												